**Temple Grandin’s Lesson for Educators**

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**Abstract**

Author and animal scientist Temple Grandin, Ph.D. continues to write and lecture on the effects and treatment of autism spectrum disorder. In her book entitled *Thinking in Pictures*, Grandin provides the reader with an inside look into the world of the autistic person and, shares her insights and recommended classroom strategies with the educational community. These recommendations shed new light on some practical ways classroom teachers and school administrators can provide students diagnosed with autism spectrum disorder with a safe, positive and empowering educational experience.

**Keywords**: Autism spectrum disorder, classroom strategies, engagement

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**Introduction**

According to the National Institutes of Health,” Autism is a developmental disorder that appears in the first 3 years of life, and affects the brain's normal development of social and communication skills (NIH, 2011).” According to Dr. Temple Grandin, Ph.D., “It appears that at one end of the spectrum, autism is primarily a cognitive disorder, and at the other end, it is primarily a sensory processing disorder (Grandin, 2006).” Where the individual lands on this spectrum can play a significant role in their level of function within the family structure, in society and in particular, in an educational environment.

In her book, *Thinking in Pictures*, Dr. Grandin takes the reader on a journey into the world of persons with autism spectrum disorder in a way few have done previously. As she has done in other books, Grandin does so from the perspective of her work with animals and how through this work, she has learned to understand not only her own autistic tendencies but also those of the children and adults with whom she works. Of particular interest, to those who work in the field of education, are her recommendations for classroom teachers, therapists, school administrators and parents. These recommendations are the focus of this article.

Anyone who has recently worked in an educational setting is well aware of the integration of students with special needs into the general education classroom. This integration was long overdue and has brought about many wonderful opportunities not only for the students with special needs, but for their peers, teachers, administrators and families. However, along with the many positive results gleaned through this process, many unexpected results have emerged as well. While the success of this integration process has varied from school to school and district to district, there have also been accounts by parents and teachers of situations where students with special needs, and in particular those with such disorders as autism, have found themselves relegated to the corner of the classroom or sent off to the school or district resource room because they are deemed a disruption by the very professionals charged with educating them. The reasons given for these practices may be varied but at the root of such practices there may be a profound lack of information and training on the part of the classroom teacher in regards to successful ways to teach students with such disorders as autism. Dr. Grandin offers these often ill-prepared educators some basic concepts and rules of practice to aid them in their attempts to engage their autistic students.

**Get Accurate and Timely Information**

The stigma often associated with autism may lead some parents to deny the autistic symptoms being exhibited by their child in hopes that they will dissipate with age and maturity. These symptoms may be such behaviors as, “no speech, poor eye contact, tantrums, appearance of deafness, no interest in people and constant staring off into space” (Grandin, p. 33). This leaves the classroom teacher and school community with the responsibility of calling the parents attention to these behaviors and in some cases requiring the parents to have their child tested for autism spectrum disorder. This can be a difficult and traumatic experience for the family, teacher and school but it is only through this clinical diagnosis that the child can receive the clinical and educational assistance they need to be more successful in school as well as at home. The results of these evaluations can then be interwoven into the child’s Individualized Educational Program (IEP) and will serve as an anchor and guide when planning a path for success. As the research around the area of autism spectrum disorders continues to evolve, new evaluative instruments and additional diagnoses have emerged. These diagnoses are identified as;

* Autistic Disorder
* Pervasive Developmental Disorder, Not Otherwise Specified
* Aspergers Disorder
* Rett’s Disorder
* Childhood Disintegrative Disorder

(DSM-IV, 1994)

A trained psychiatric professional can only obtain an accurate diagnosis of which disorder the autistic child or adult is experiencing through a thorough and professional evaluation.

Some key differences in the autistic mind and the corresponding behaviors must be highlighted during this planning process. Children and adults with autism think in symbols and images; not language. “Many people are totally baffled by autistic symbols, but to an autistic person, they provide the only tangible reality or understanding of the world” (Park & Youderian, 1974). Because their language abilities are not fully developed, autistic children and adults may use words in an inappropriate manner and will often “act out” because of their inability to communicate clearly. Autistic children and adults do not adjust well to change. Behaviors such as rocking or spinning appear when the child or adult experiences sensory overload (Grandin, 2006). These factors must be constantly considered when working with the autistic child and adult.

**Establish Consistent Classroom Routines**

The establishment of consistent routines in the classroom will not only help the student with autism but will help all students to develop a sense of security and a clear sense of expectations, practices and consequences. The autistic child is hypersensitive to a disruption of classroom routines, loud noises, large groups or the integration of strangers into the classroom environment. Care should be taken to prepare the autistic student for these changes in routine and, a plan of response should be readied in case the autistic child is unable to deal appropriately with this change. Creating additional opportunities for “social skills practice and role play in individual, self-directed student activities” (Fukunaga, et. al, n.d.) may help to curtail some of these reactions as the student or adult becomes less sensitive to these changes.

**Team Approach**

As mandated by the students’ IEP, the classroom teacher (school and district) should partner with the speech, occupational and physical therapist as well as the student and family to facilitate a comprehensive plan of treatment and education that will best meet the needs of the autistic student. The specific approach used by this team must be based on the specific needs of the individual student as illustrated by Dr. Grandin in *Thinking in Pictures*. “When my speech therapist held my chin and directed me to look at her, it jerked me out of my private world, but for others forcing eye contact can cause the opposite reaction-brain overload and shutdown” (Grandin, p.42).

**Focus on Strengths**

In contrast to previous beliefs about autistic children, many are highly intelligent and possess a level of skill that far exceeds their non-autistic classmates. Because of their often-limited communication skills, this intelligence can at times be overlooked. “Over the years, I have observed that the high-functioning autistic individuals who became successful have had two important factors in their lives: mentoring and the development of talents” (Grandin, p. 116). An occupational therapist as well as family members can assist a classroom teacher in identifying these areas of strength. Once identified, these strengths can become an avenue through which other academic subjects can be channeled.

**Engagement**

All students have a higher likelihood of being engaged in the learning process when the content being presented is interesting and, the process of learning this content involves many opportunities for hands-on activities. This is especially true for the autistic student because many are highly tactile and learn through senses other than language. A word of caution however; many students with autism may experience body boundary issues so the use of touch when guiding students (especially young students) should be rehearsed prior to the actual lesson. An example of this would be the process of teaching a student how to create pottery on a potter’s wheel (I taught art education for almost 20 years). In order to teach the student how to apply the correct amount of pressure to the clay, the teacher must guide the students’ hands. Without proper rehearsal prior to this experience, the autistic child may react negatively to this experience.

**Medications**

Many children and adults who experience psychological issues often find relief from the use of well-monitored medications. These medications must be prescribed and monitored by a licensed physician and adjustments must be made according to any changes experienced (i.e. puberty). The use of these medications can help to alleviate some of the problems experienced by the autistic child or adult such as anxiety attacks, self-injury or epileptic-like symptoms. The management of these symptoms can help to facilitate a more consistent, calm inner experience as well as a more appropriate external pattern of behavior. This increased calm can also help the child or adult to more easily focus on the task at hand. “The proper use of medications is part of a good autism program, but it is not a substitute for the proper educational or social programs” (Grandin, p. 131).

**Portfolios**

Children and adults with autism often continue to struggle with communication and social interaction issues throughout their lives. The use of a portfolio-based assessment in school and the establishment of a professional portfolio in adulthood can provide these individuals with a means by which their true potentials can be made apparent. The use of portfolios throughout these processes can help the individual with autism to communicate on a level that their use of language may inhibit.

**Conclusion**

Current trends in media coverage on the subject of autism have tended to focus on efforts to find a “cure” for a dreaded disease. Scientists such as Dr. Temple Grandin point us in a different direction and call us to celebrate the contributions of the autistic minds among us. She identifies what she believes are famous historical figures who have made significant contributions to our global society. These individuals are identified as Albert Einstein, Vincent Van Gogh, Charles Darwin, Gregor Mendel and Bill Gates. While no official diagnosis of autism may exist for these individuals, Grandin and her colleagues believe that their tendencies illustrate symptoms of autistic spectrum disorder. Identifying the presence of these tendencies in concert with their well known accomplishments can help to shift the focus away from the negative emphasis on finding a cure and towards a more comprehensive, holistic approach to treatment, educational practice and life-long mentorship. A shift well deserving of the millions of children and adults diagnosed with autism each year as well as those who care for, educate and mentor them.

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